



PATENT
ATTORNEY DOCKET: 56945.00004

UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 09/735,446 Confirmation No.: 7890
Applicant : Thomas P. MURPHY et al.
Filed : 12/13/2000
Title : SYSTEM AND METHOD FOR REMOTELY PROVIDING
INCENTIVES TO PURCHASERS
TC/Art Unit : 3622
Examiner: : Jeffrey D. Carlson
Docket No. : 56945.000004
Customer No. : 21967

RECEIVED
OCT 19 2004
GROUP 3600

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION FOR EXTENSION OF TIME AND
NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Sir:

REQUEST FOR EXTENSION OF TIME

Applicants respectfully request a two-month extension of time under 37 C.F.R. § 1.136(a) for responding to the Office Action mailed on May 14, 2004, in the above-captioned application. Accordingly, it is respectfully requested that the time for response be extended up to and including October 14, 2004.

NOTICE OF APPEAL

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the Examiner rejecting claims 1-28 in the above-captioned application.

10/15/2004 FFANAEIA 00000043 09735446

01 FC:2252

215.00 0P

10/15/2004 FFANAEIA 00000043 09735446

02 FC:2401

170.00 0P

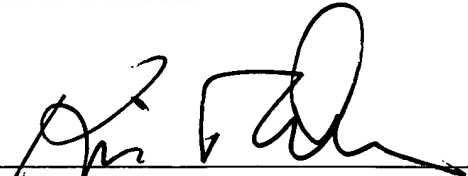
A check in the amount of \$385.00 is attached to cover the two-month extension of time fee and Notice of Appeal fee. In the event of any variance between the amount enclosed and the fees determined by the U.S. Patent and Trademark Office, please charge or credit any such variance to the undersigned's Deposit Account No. 50-0206.

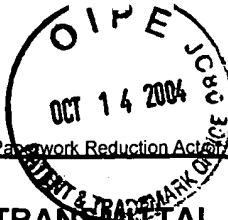
Respectfully submitted,

HUNTON & WILLIAMS LLP

Dated: October 14, 2004
Hunton & Williams LLP
Intellectual Property Department
1900 K Street, N.W.
Suite 1200
Washington, DC 20006-1109
(202) 955-1500 (telephone)
(202) 778-2201 (facsimile)
KTD/IRJ

By:


Kevin T. Duncan
Registration No. 41,495



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/735,446
Filing Date	December 13, 2000
First Named Inventor	Thomas P. MURPHY et al.
Art Unit	3622
Examiner Name	Jeffery D. Carlson
Attorney Docket Number	56945.000004

RECEIVED**OCT 19 2004****GROUP 3600**

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Petition for Extension of Time and Notice of Appeal (2 pages) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin T. Duncan, Reg. No. 41,495
Signature	
Date	October 14, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

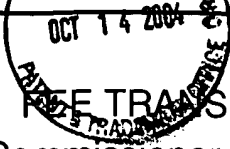
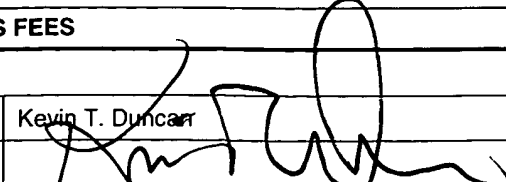
Typed or printed name

Signature

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 <p>FEE TRANSMITTAL Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>		<i>Complete If Known</i>																																															
		Application No.		09/735,446																																													
		Filing Date		December 13, 2000																																													
		First Named Inventor		Thomas P. Murphy et al.																																													
		Examiner Name		Carlson, Jeffery D.																																													
Group Art Unit		3622																																															
Total Amount Of Payment (\$)		385.00		Attorney Docket No. 56945.000004																																													
METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																													
<p>1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP.</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.</p>				<p>3. ADDITIONAL FEES</p> <p>Fee Description</p> <p><input type="checkbox"/> Surcharge - late filing fee or payment of fee</p> <p><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</p> <p><input checked="" type="checkbox"/> Two Month Extension of Time</p> <p><input checked="" type="checkbox"/> Notice of Appeal \$ 170.00</p> <p><input type="checkbox"/> Filing Brief in Support of Appeal \$</p> <p><input type="checkbox"/> Request for Oral Hearing \$</p> <p><input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) \$</p> <p><input type="checkbox"/> Design Issue Fee \$</p> <p><input type="checkbox"/> Plant Issue Fee \$</p> <p><input type="checkbox"/> Petition to Commissioner \$</p> <p><input type="checkbox"/> Petition to Revive (Unavoidable) \$</p> <p><input type="checkbox"/> Petition to Revive (Unintentional) \$</p> <p><input type="checkbox"/> Petitions Related to Provisional Applications \$</p> <p><input type="checkbox"/> Submission of Information Disclosure Statement \$</p> <p><input type="checkbox"/> Filing Submission After Final Rejection \$</p> <p><input type="checkbox"/> Recording Each Patent Assignment Per Property \$</p> <p><input type="checkbox"/> Filing Request for Reexamination \$</p> <p><input type="checkbox"/> Other (specify) _____ \$</p>																																													
				<p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p style="text-align: right;">FEE PAID</p> <p>Utility Filing Fee \$</p> <p>Design Filing Fee \$</p> <p>Plant Filing Fee \$</p> <p>Reissue Filing Fee \$</p> <p>Provisional Filing Fee \$</p>																																													
<p>2. EXTRA CLAIMS FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th rowspan="2">For</th> <th rowspan="2">Number Present</th> <th rowspan="2">Highest Number Paid For</th> <th rowspan="2">Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Amount</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td>TOTAL CLAIMS</td> <td></td> <td></td> <td>0</td> <td>x \$ 18.00</td> <td>x \$ 9.00</td> <td>\$ 0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td></td> <td></td> <td>0</td> <td>x \$ 86.00</td> <td>x \$ 43.00</td> <td>\$ 0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIMS</td> <td></td> <td></td> <td></td> <td>\$ 290.00</td> <td>\$ 145.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="6">TOTAL EXTRA CLAIMS FEES</td> <td>\$ 0.00</td> </tr> </table>						CLAIMS AS AMENDED							For	Number Present	Highest Number Paid For	Extra	Rate		Amount	Large Entity	Small Entity	TOTAL CLAIMS			0	x \$ 18.00	x \$ 9.00	\$ 0.00	INDEPENDENT CLAIMS			0	x \$ 86.00	x \$ 43.00	\$ 0.00	MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00	TOTAL EXTRA CLAIMS FEES						\$ 0.00
CLAIMS AS AMENDED																																																	
For	Number Present	Highest Number Paid For	Extra	Rate		Amount																																											
				Large Entity	Small Entity																																												
TOTAL CLAIMS			0	x \$ 18.00	x \$ 9.00	\$ 0.00																																											
INDEPENDENT CLAIMS			0	x \$ 86.00	x \$ 43.00	\$ 0.00																																											
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00																																											
TOTAL EXTRA CLAIMS FEES						\$ 0.00																																											
SUBMITTED BY				Complete (if applicable)																																													
Typed or Printed Name		Kevin T. Duncan		Registration No. 41,495																																													
Signature				Date October 14, 2004																																													